

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

16609

FILED JUN 14 1943 818

Primary Registration District No. 1003

Registrar's No. 5272

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4529 Holly Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... **Life** (Specify whether
years, months or days)

3. (a) PRINT
FULL NAME

Lydia L. Sittermann

3. (b) If veteran,
name war..... **No**

3. (c) Social Security
No..... **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married,
divorced **Married**
6. (b) Name of husband or wife..... **Louis Sittermann** 6. (c) Age of husband or wife if
alive **72** years
7. Birth date of deceased **February 20, 1871.**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 3 16hr.min.

9. Birthplace..... **St. Louis Mo. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Housework**

11. Industry or business.....

MOTHER FATHER { 12. Name..... **John G. Koppelman**
13. Birthplace..... **Germany 7**
(City, town, or county) (State or foreign country)
14. Maiden name..... **Mary Hiddelkamp**
15. Birthplace..... **St. Louis, Mo. 0**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mr. Louis Sittermann**
(b) Address..... **4529 Holly Ave.**

17. (a) **Burial** (b) Date thereof **June 9, 1943.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Bellefontaine Cemetery**

18. (a) Signature of funeral director..... **Calvin F. Feutz, Fun. Home**

(b) Address..... **4828 Natural Bridge Blvd.**

19. (a) **JUN 8 1943** (b) **J. F. Bredesch**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County.....
(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No..... **4529 Holly Ave.**
(If rural, give location)
(e) Citizen of foreign country?..... **No** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **June** day..... **6th,**
year..... **1943** hour..... **3:15** minute..... **P.** M.

21. I hereby certify that I attended the deceased from
May 18 1943 to June 6 1943
that I last saw him alive on **June 6, 1943**, 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Acute Cardiac Dilatation** Duration **36 hrs.**

Due to..... **Carcinoma, Stomach** 7 mos.

Due to..... **Chronic Myocarditis**

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work..... (Specify type of place) (e) Means of injury.....

23. Signature..... **W. C. Henning** (M. D. or other)
Address..... **4548 Harris St.** Date signed..... **6/7/43**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Licensed Embalmer No. 8932

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.